

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

2006

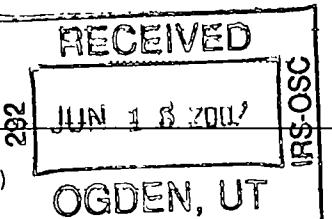
**Open to Public
Inspection**

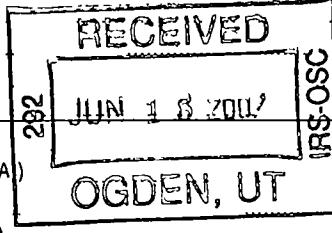
A For the 2006 calendar year, or tax year beginning

and ending

B <input checked="" type="checkbox"/> Check if applicable <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization AMERICANS FOR LTD GOVERNMENT INC Number and street (or P O box if mail is not delivered to street address) 9 900 MAIN STREET Room/suite 303 City or town, state or country, and ZIP + 4 FAIRFAX, VA 22031 D Employer identification number 36-3975580 E Telephone number 703-383-0880 F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►	
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).			
G Website: ► N/A			
J Organization type (check only one) ► <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check here ► <input type="checkbox"/> if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return			
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 12,061,525.			
H and I are not applicable to section 527 organizations H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
H(b) If "Yes," enter number of affiliates ► N/A			
H(c) Are all affiliates included? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list)			
H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
I Group Exemption Number ► N/A			
M Check ► <input type="checkbox"/> if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received a Contributions to donor advised funds b Direct public support (not included on line 1a) c Indirect public support (not included on line 1a) d Government contributions (grants) (not included on line 1a) e Total (add lines 1a through 1d) (cash \$ <u>12,013,819.</u> noncash \$ _____)	<table border="1" style="width: 100px; height: 100px;"><tr><td>1a</td></tr><tr><td>1b <u>12,013,819.</u></td></tr><tr><td>1c</td></tr><tr><td>1d</td></tr></table>	1a	1b <u>12,013,819.</u>	1c	1d	1e <u>12,013,819.</u> 2 3 4 5 6c 7 <u>47,706.</u>
1a							
1b <u>12,013,819.</u>							
1c							
1d							
2 Program service revenue including government fees and contracts (from Part VII, line 93)							
3 Membership dues and assessments							
4 Interest on savings and temporary cash investments							
5 Dividends and interest from securities							
6 a Gross rents b Less rental expenses c Net rental income or (loss) Subtract line 6b from line 6a	<table border="1" style="width: 100px; height: 100px;"><tr><td>6a</td></tr><tr><td>6b</td></tr><tr><td>6c</td></tr></table>	6a	6b	6c			
6a							
6b							
6c							
7 Other investment income (describe ► INVESTMENT INCOME)							
8 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) (attach schedule) d Net gain or (loss) Combine line 8c, columns (A) and (B)	(A) Securities 8a 8b 8c	(B) Other	8d 9c 10c 11				
9 Special events and activities (attach schedule) If any amount is from gaming, check here ► <input type="checkbox"/>							
a Gross revenue (not including \$ _____) of contributions reported on line 1b) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events Subtract line 9b from line 9a	9a 9b						
10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10a 10b						
11 Other revenue (from Part VII, line 103)							
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			<u>12,061,525.</u>				
Expenses	13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses. Add lines 16 and 44, column (A)		<u>17,881,358.</u> <u>184,701.</u> <u>56,912.</u> <u>18,122,971.</u>				
Net Assets	18 Excess or (deficit) for the year Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18, 19, and 20		<u>-6,061,446.</u> <u>2,629,600.</u> <u>0.</u> <u>-3,431,846.</u>				



**Statement of
Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/> 22b				
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	198,872.	144,951.	19,400.	34,521.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28	21,245.	21,245.	
29 Payroll taxes	29	15,986.	15,986.	
30 Professional fundraising fees	30			
31 Accounting fees	31	2,353.	2,353.	
32 Legal fees	32	16,748.	16,748.	
33 Supplies	33	7,980.	7,980.	
34 Telephone	34	88,236.	88,236.	
35 Postage and shipping	35	176,198.	176,038.	160.
36 Occupancy	36	11,358.	11,358.	
37 Equipment rental and maintenance	37			
38 Printing and publications	38	5,742.	5,742.	
39 Travel	39	115,406.	115,115.	291.
40 Conferences, conventions, and meetings	40	900.	900.	
41 Interest	41	103,249.	103,249.	
42 Depreciation, depletion, etc (attach schedule)	42	4,426.	4,426.	
43 Other expenses not covered above (itemize)	43a			
a	43b			
b	43c			
c	43d			
d	43e			
e	43f			
f	43g			
g SEE STATEMENT 1	43g	17,354,272.	17,326,849.	5,032.
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	18,122,971.	17,881,358.	184,701.
				56,912.

Joint Costs. Check ► if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

 ► Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A, (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

Part III: Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 2	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a RESEARCH AND EDUCATION REGARDING LIMITED GOVERNMENT IDEAS.		
<hr/> <hr/> <hr/> <hr/>		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	17,881,358.
b	<hr/> <hr/> <hr/> <hr/>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	<hr/> <hr/> <hr/> <hr/>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	<hr/> <hr/> <hr/> <hr/>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	17,881,358.	

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year		(B) End of year
	Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			
	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	2,097,109.	46	147,204.
Assets	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a 3,477.		
	b Less allowance for doubtful accounts	51b	51c	3,477.
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments - publicly-traded securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments - other securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
	56 Investments - other		56	
	57 a Land, buildings, and equipment basis	57a 22,320.		
	b Less: accumulated depreciation	57b 4,426.	57c	17,894.
	58 Other assets, including program-related investments (describe ► DEPOSITS)		58	3,686.
	59 Total assets (must equal line 74). Add lines 45 through 58	2,636,468.	59	172,261.
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	6,868.	64b	3,604,107.
	65 Other liabilities (describe ►)		65	
	66 Total liabilities. Add lines 60 through 65	6,868.	66	3,604,107.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	2,629,600.	67	-3,431,846.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	2,629,600.	73	-3,431,846.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,636,468.	74	172,261.

Form 990 (2006)

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the Instructions)

a Total revenue, gains, and other support per audited financial statements	a	12,061,525.
b Amounts included on line a but not on Part I, line 12:	b	
1 Net unrealized gains on investments	b1	
2 Donated services and use of facilities	b2	
3 Recoveries of prior year grants	b3	
4 Other (specify): _____ Add lines b1 through b4	b4	0.
c Subtract line b from line a	c	12,061,525.
d Amounts included on Part I, line 12, but not on line a:	d	
1 Investment expenses not included on Part I, line 6b	d1	
2 Other (specify): _____ Add lines d1 and d2	d2	0.
e Total revenue (Part I, line 12). Add lines c and d	e	► 12,061,525.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a Total expenses and losses per audited financial statements	a	18,122,971.
b Amounts included on line a but not on Part I, line 17:	b	
1 Donated services and use of facilities	b1	
2 Prior year adjustments reported on Part I, line 20	b2	
3 Losses reported on Part I, line 20	b3	
4 Other (specify): _____ Add lines b1 through b4	b4	0.
c Subtract line b from line a	c	18,122,971.
d Amounts included on Part I, line 17, but not on line a:	d	
1 Investment expenses not included on Part I, line 6b	d1	
2 Other (specify): _____ Add lines d1 and d2	d2	0.
e Total expenses (Part I, line 17). Add lines c and d	e	► 18,122,971.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
WILLIAM WILSON 10424 WOODBURY WOODS COURT FAIRFAX, VA 22032	DIRECTOR 0.00	0.	0.	0.
HOWARD RICH 73 SPRING STREET NEW YORK, NY 10012	DIRECTOR 0.00	0.	0.	0.
ED CRANE 1000 MASS AVENUE NW WASHINGTON DC 20001	DIRECTOR 0.00	0.	0.	0.
PAUL FARGO 149 SW RIDGE ROAD PORTLAND, OR 97219	DIRECTOR 0.00	0.	0.	0.
LARRY MARCHANT 3020 DEVINE STREET COLUMBIA, SC 29205	DIRECTOR 0.00	0.	0.	0.
PETER CONLIN 915 L. STREET SACRAMENTO, CA 95814	DIRECTOR 0.00	0.	0.	0.
DAVID VANDERVEEN 701 GRIFFITH PLACE LAGUNA BEACH, CA 92651	DIRECTOR 0.00	0.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes **No**

- 75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ► _____ 7

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy?

75b	X
75c	X
75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Part VI Other Information (See the Instructions)

Yes **No**

- | | | | |
|------|---|--|---|
| 76 | Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change | 76 | X |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS?
If "Yes," attach a conformed copy of the changes. | 77 | X |
| 78 a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 78a | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 78b | |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | 79 | X |
| 80 a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | 80a | X |
| b | If "Yes," enter the name of the organization ► SEE STATEMENT 3 | | |
| 81 a | Enter direct or indirect political expenditures. (See line 81 instructions.) | and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt
81a 0 . | |
| b | Did the organization file Form 1120-POL for this year? | 81b | X |

and check whether it is exempt or nonexempt

81 a Enter direct or indirect political expenditures. (See line 81 instructions.)

| 81a | 0 .

b Did the organization file Form 1120-POL for this year?

81b X

Form 990 (2006)

Part VI Other Information (continued)

- 82 a** Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.
 (See instructions in Part III.)

82b | N/A

 Yes No

- 83 a** Did the organization comply with the public inspection requirements for returns and exemption applications?

 83a X

- b** Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

 83b X

- 84 a** Did the organization solicit any contributions or gifts that were not tax deductible?

 84a X

- b** If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

N/A

 84b X

- 85 501(c)(4), (5), or (6) organizations. a** Were substantially all dues nondeductible by members?

 85a X

- b** Did the organization make only in-house lobbying expenditures of \$2,000 or less?

 85b X

If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year

- c** Dues, assessments, and similar amounts from members

85c | N/A

- d** Section 162(e) lobbying and political expenditures

85d | N/A

- e** Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices

85e | N/A

- f** Taxable amount of lobbying and political expenditures (line 85d less 85e)

85f | N/A

- g** Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?

N/A

 85g X

- h** If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?

N/A

 85h X

- 86 501(c)(7) organizations** Enter: a Initiation fees and capital contributions included on line 12

86a | N/A

- b** Gross receipts, included on line 12, for public use of club facilities

86b | N/A

- 87 501(c)(12) organizations.** Enter a Gross income from members or shareholders

87a | N/A

- b** Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)

87b | N/A

- 88 a** At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?

 88a X

If "Yes," complete Part IX

- b** At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI

 88b X

- 89 a 501(c)(3) organizations.** Enter Amount of tax imposed on the organization during the year under:

section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A

- b 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?

 89b X

If "Yes," attach a statement explaining each transaction

- c** Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

► 0.

- d** Enter: Amount of tax on line 89c, above, reimbursed by the organization

► 0.

- e All organizations.** At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

 89e X

- f All organizations.** Did the organization acquire a direct or indirect interest in any applicable insurance contract?

 89f X

- g For supporting organizations and sponsoring organizations maintaining donor advised funds** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

 89g X

- 90 a** List the states with which a copy of this return is filed ► IL

- b** Number of employees employed in the pay period that includes March 12, 2006

90b

10

- 91 a** The books are in care of ► THE ORGANIZATION

Telephone no ► 703-383-0880

Located at ► 9900 MAIN STREET, FAIRFAX, VA

ZIP + 4 ► 22031

- b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

 91b X

If "Yes," enter the name of the foreign country ► N/A

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

 Yes No 91b X Yes No 91b

Part VI Other Information (continued) Yes Noc At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X

d If "Yes," enter the name of the foreign country ► N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ► 92
and enter the amount of tax-exempt interest received or accrued during the tax year ► N/A**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

- a _____
 b _____
 c _____
 d _____
 e _____

- f Medicare/Medicaid payments
 g Fees and contracts from government agencies
 94 Membership dues and assessments
 95 Interest on savings and temporary cash investments
 96 Dividends and interest from securities
 97 Net rental income or (loss) from real estate:
 a debt-financed property
 b not debt-financed property
 98 Net rental income or (loss) from personal property
 99 Other investment income
 100 Gain or (loss) from sales of assets other than inventory
 101 Net income or (loss) from special events
 102 Gross profit or (loss) from sales of inventory
 103 Other revenue:

- a _____
 b _____
 c _____
 d _____
 e _____

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E)) ► 47,706.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No ▼ Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI **Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

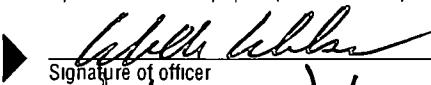
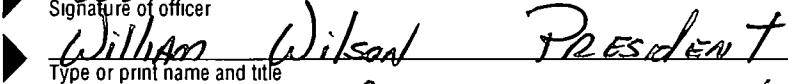
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
				Date	6-13-07
					
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed	Preparer's SSN or PTIN (See Gen. Inst. X)
		CATALANO, CABOOR & CO., LTD.	6/13/07	<input type="checkbox"/>	00064726
	Firm's name (or yours if self-employed), address, and ZIP + 4	1 S. 376 SUMMIT COURT A		EIN	363525259
		OAKBROOK TERRACE, IL 60181		Phone no	(630)261-0550

Form 990 (2006)

FORM 990

OTHER EXPENSES

STATEMENT

1

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	1,656.	1,656.		
COMPUTER EXPENSE	1,295.	1,248.	47.	
CONSULTANTS	381,938.	377,266.	1,872.	2,800.
CONTRIBUTIONS	16,534,578.	16,534,578.		
DELIVERY	426.	426.		
MEALS AND ENTERAINMENT	27,220.	27,220.		
MEDIA	47,707.	47,707.		
MISCELLANEOUS	8,870.	8,870.		
DIRECT MAIL EXPENSES	172,517.	172,517.		
WEBSITE DEVELOPMENT	44,710.	44,710.		
MERGE AND PURGE DATA SERVICES	19,591.			19,591.
BANK SERVICE FEES	124.		124.	
PARKING AND TOLLS	2,422.		2,422.	
TAXES	567.		567.	
RESEARCH	110,651.	110,651.		
TOTAL TO FM 990, LN 43	17,354,272.	17,326,849.	5,032.	22,391.

FORM 990

STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE

STATEMENT

2

PART III

EXPLANATION

TO INFORM, EDUCATE, AND RALLY AMERICANS TO RESTORE A SMALLER GOVERNMENT BY PROMOTING LIMITED GOVERNMENT IDEAS THAT REDUCE THE SIZE AND SCOPE OF OUR GOVERNMENT.

FORM 990

IDENTIFICATION OF RELATED ORGANIZATIONS

STATEMENT

3

PART VI, LINE 80B

NAME OF ORGANIZATION

EXEMPT

NONEXEMPT

AMERICANS FOR LIMITED GOVERNMENT FOUNDATION

X